

# Killeen ON-PREMISE SIGN PERMIT APPLICATION

P. O. BOX 1329, 101 N. COLLEGE ST. KILLEEN, TEXAS 76540

BUILDING INSPECTIONS

(254) 501-7762/FAX (254) 634-2484

**Applicant to complete numbers 1 through 19.**

<b>1. Job Address</b>		<b>2. Project Name</b>													
<b>3. Legal Description:</b>	<b>Lot</b>	<b>Block</b>	<b>Subdivision</b>												
<b>4. Owner</b>		<b>Mailing Address</b>	<b>Zip</b>												
<b>5. Contractor</b>		<b>Mailing Address</b>	<b>Phone</b>												
<b>6. Architect or Designer</b>		<b>Mailing Address</b>	<b>Phone</b>												
<b>7. Engineer</b>		<b>Mailing Address</b>	<b>Phone</b>												
<b>8. Use of Building</b>	<b>9. Describe Work</b>														
<b>10. Class of Work (Check Appropriate Box)</b>															
<input type="checkbox"/> New Ground Structure <input type="checkbox"/> New Cabinet <input type="checkbox"/> New Channel <input type="checkbox"/> Face Change <input type="checkbox"/> Alteration <input type="checkbox"/> Other: _____															
<b>11. Ground Sign</b> <input type="checkbox"/> <b>Pole Sign:</b> <input type="checkbox"/> Single Tenant <input type="checkbox"/> Multi tenant: Dimension _____ Square Foot _____ Overall Height _____  <input type="checkbox"/> <b>Monument:</b> Dimension _____ Square Foot _____  <input type="checkbox"/> <b>Wall:</b> Dimension _____ Square Foot _____  Street Frontage Type: <input type="checkbox"/> Principal Arterial; 25% of wall area <input type="checkbox"/> Minor Arterial; 20% of wall area <input type="checkbox"/> Collector / Marginal Access / Local Street; 15% of wall area  <input type="checkbox"/> <b>EMD / LED Sign (50% allowed)</b> Square Foot _____	<input type="checkbox"/> <b>Portable (12 Months):</b> Dimension _____ Square Foot _____ Expiration Date: _____  <input type="checkbox"/> <b>Projection Sign</b> Square Foot _____  <b>12. Number of all existing signs and combined square footage:</b> _____ _____ _____  <b>13. Permits Valuation: (check one or more)</b>  <input type="checkbox"/> Sign                      \$ _____  <input type="checkbox"/> Electrical                \$ _____  <b>TOTAL VALUATION \$</b> _____	<b>16. Zoning District:</b> _____  <b>17. Overlay District:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (COD, UOD, HOD)  <b>18. Flood Plain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>19. Adult Oriented:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  -----FOR OFFICIAL USE ONLY-----  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Fees:</b></td> <td style="width: 50%;"><b>Permit Number</b></td> </tr> <tr> <td>\$ _____</td> <td><u><b>Sign Fee</b></u></td> </tr> <tr> <td>\$ _____</td> <td><u><b>Electrical Fee</b></u></td> </tr> <tr> <td>\$ _____</td> <td><u><b>Plan Review Fee</b></u></td> </tr> <tr> <td>\$ _____</td> <td><u><b>Total Fee</b></u></td> </tr> <tr> <td colspan="2"><b>Permit Number:</b> _____</td> </tr> </table>		<b>Fees:</b>	<b>Permit Number</b>	\$ _____	<u><b>Sign Fee</b></u>	\$ _____	<u><b>Electrical Fee</b></u>	\$ _____	<u><b>Plan Review Fee</b></u>	\$ _____	<u><b>Total Fee</b></u>	<b>Permit Number:</b> _____	
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**NOTICE**

**THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent _____	Date _____	Signature of Owner (if Owner Builder) _____	Date _____
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APPROVED:   ☐ YES           ☐ NO           BY: \_\_\_\_\_   DATE: \_\_\_\_\_